



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

August 27, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Rendezvous Cocktail Lounge, 118 South 9<sup>th</sup> Street requesting a class I liquor license.

Natalie Rodriguez, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Natalie Rodriguez was born in Scottsbluff, Nebraska. She attended Scottsbluff High School graduating in 1974.

Natalie Rodriguez employment history is as follows:

2007 - Present	Admin Asst, Life Pointe	Lincoln, NE.
1985 - 2006	State of Nebraska	Lincoln, NE.

Ms. Rodriguez will be completing the required training on September 11, 2008.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

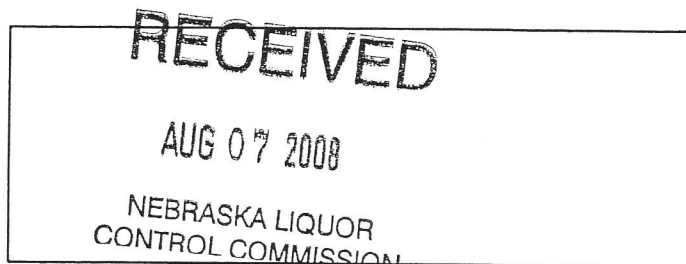


A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/



CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)

## RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input type="checkbox"/>            | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/>            | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

## MISCELLANEOUS

- |                          |   |                          |                        |                       |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License (requires insert form 1)       |
| <input type="checkbox"/>            | Partnership License (requires insert form 2)      |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c)  |
| <input type="checkbox"/>            | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Darrell K. Stock, Attorney at Law

Phone number: (402) 476-3345

Firm Name Snyder & Stock

## PREMISE INFORMATION

Trade Name (doing business as) Rendezvous Cocktail Lounge

Street Address #1 118 S. 9th St.

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number unknown at this time

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Natalie M. Rodriguez

Street Address  
#1 2140 SW Paul Whitehead LN

Street Address  
#2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68522

## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

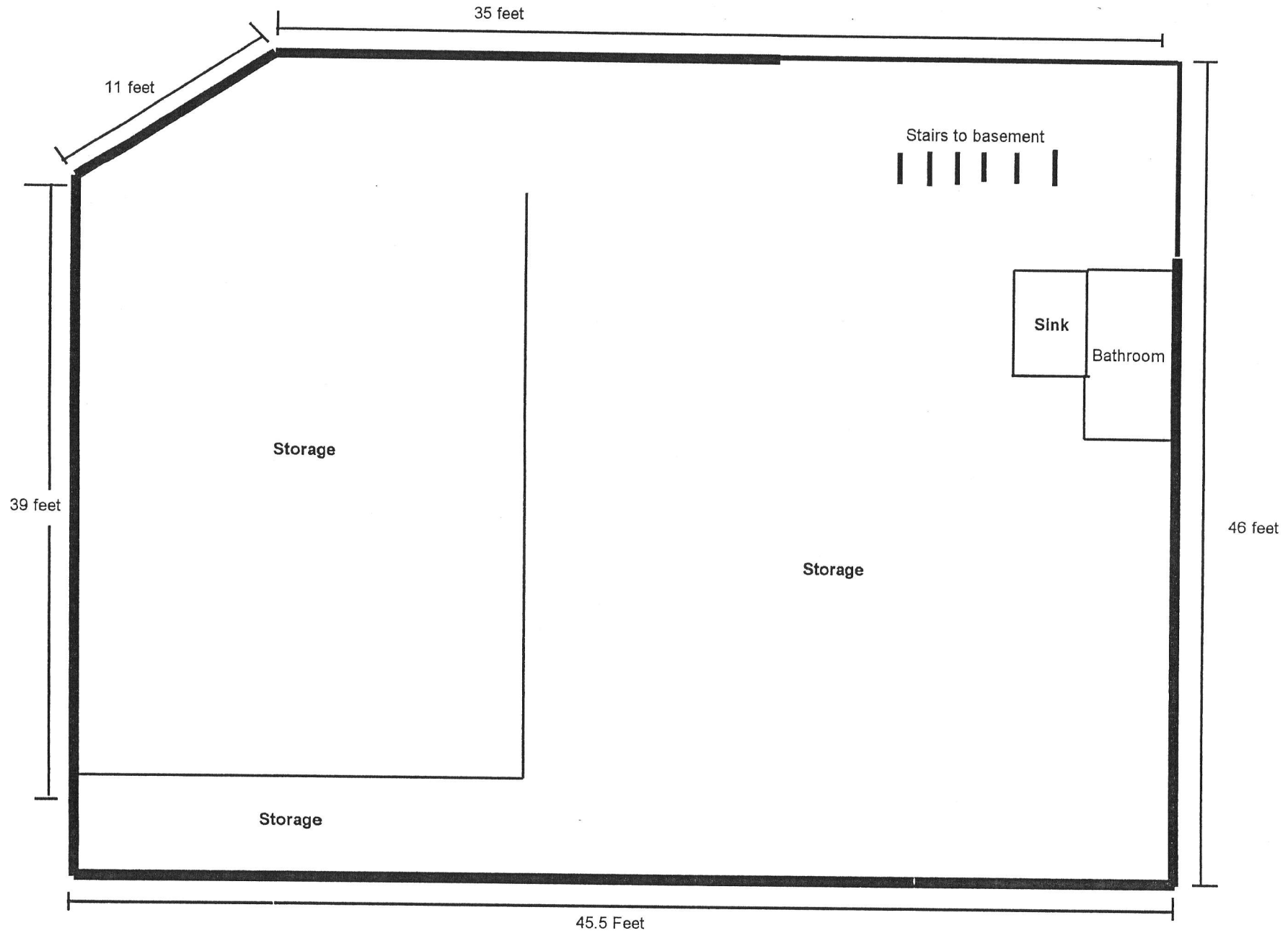
45.5' x 46' building including first floor and basement area

See Attached Diagram

← North

118 S. 9th Street

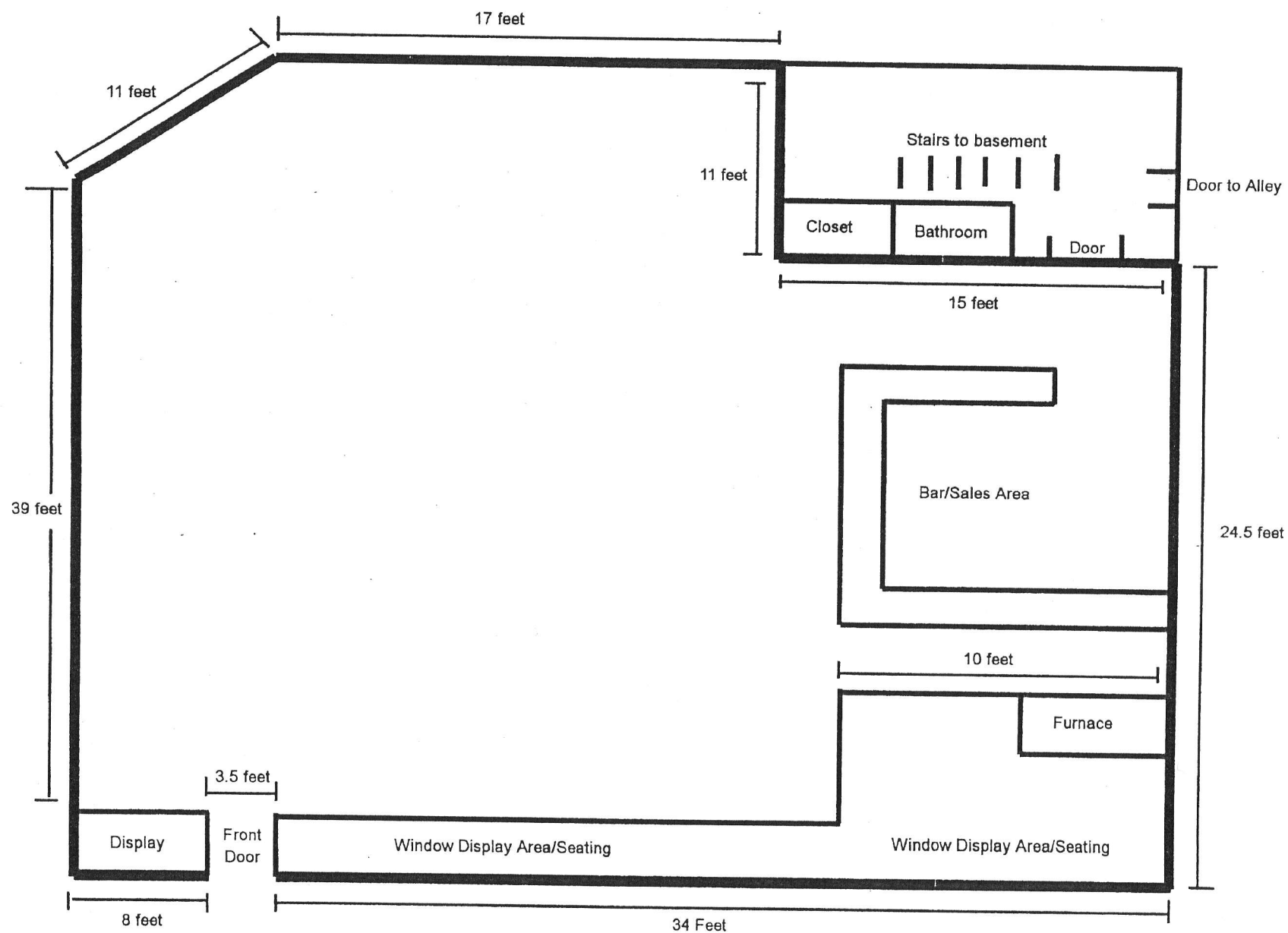
# Basement Drawing



← North

**118 S. 9th Street**

## Main Floor Drawing



## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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### 2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

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### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

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### 4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

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### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

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### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

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### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

No silent partners

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8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Bank of the West, Natalie M. Rodriguez

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Natalie M. Rodriguez, 30-40 hrs per week

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic

beverages. Owned & managed restaurant but will need to take training course for handling alcohol

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? September 15, 2008

16. What will be the main nature of business? Cocktail Lounge

17. What are the anticipated hours of operation? Tuesday thru Saturday 12:00 noon - 1 a.m.

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	1998	2008	N/A		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

*Natalie Rodriguez, President*

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this August 6, 2008 by

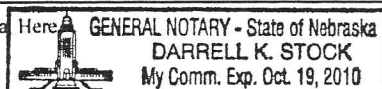
The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

Natalie M. Rodriguez

Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED  
AUG 07 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Natalie M. Rodriguez

Name of Corporation that will hold license as listed on the Articles

Rendezvous Cocktail Lounge, Inc.

Corporation Address: 2140 SW Paul Whitehead Ln

City: Lincoln State: NE Zip Code: 68522

Corporation Phone Number: (402) 730-1509 Fax Number none

Total Number of Corporation Shares Issued: 1,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Rodriguez First Name: Natalie MI: M.

Home Address: 2140 SW Paul Whitehead Ln City: Lincoln

State: NE Zip Code: 68522 Home Phone Number: (402) 730-1509

*Natalie Rodriguez*

Signature of president

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

August 6

date

, 2008

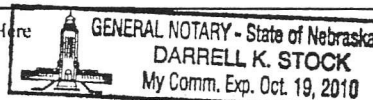
by Natalie M. Rodriguez

name of person acknowledged

*[Signature]*

Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

\_\_\_\_\_  
Last Name: Rodriguez First Name: Natalie MI: M.

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Stockholder/Director/President, Secretary, Treasurer Number of Shares 1,000

Spouse Full Name (indicate N/A if single): No spouse

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January 1 - - - Ending Date: December 31 - - -

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Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

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**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Rendezvous Cocktail Lounge, Inc.

Premise information

Premise License Number: Applied for

Premise Trade Name/DBA: Rendezvous Cocktail Lounge

Premise Street Address: 118 S. 9th St.

City: Lincoln State: NE Zip Code: 68508

Premise Phone Number: unknown at this time

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

*Applicant*

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Rodriguez First Name: Natalie MI: M.

Home Address (include PO Box if applicable): 2140 SW Paul Whitehead Ln

City: Lincoln State: NE Zip Code: 68522

Home Phone Number: (402) 730-1509 Business Phone Number: none at this time

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Scottsbluff, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: N/A First Name: \_\_\_\_\_  
MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Lincoln, NE		1988	Present	N/A			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1989	2006	State of Nebraska	Kadi Lukesh	471-0027
2007	Present	LifePointe - BryanLGH	Paulette Kuhlman	481-1628

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

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NEBRASKA LIQUOR  
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

56-010616

PHS-786(VS)  
REV. 12-54  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <b>Scotts Bluff</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b> b. COUNTY <b>Scotts Bluff</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Scottsbluff</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Scottsbluff</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>West Nebraska General</b>		d. STREET ADDRESS (If rural, give location) <b>1007 10th Ave</b>	
3. CHILD'S NAME (Type or print) a. (First) <b>Natalie</b> b. (Middle) <b>-</b> c. (Last) <b>Rodriguez</b>			
4. SEX <b>Female</b>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD <b>P-362</b>			
7. FULL NAME a. (First) <b>Benjamin</b>		b. (Middle) <b>-</b> c. (Last) <b>Rodriguez, Jr</b>	
8. COLOR OR RACE <b>Mexican</b>		9. AGE (At time of this birth) <b>21</b> Yrs. <b>10. BIRTHPLACE (City, town, or county) (State or foreign country)</b> <b>Neve, Mexico</b>	
11a. USUAL OCCUPATION <b>Laborer</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Burlington Railroad</b>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Carmen</b>		b. (Middle) <b>Adela</b> c. (Last) <b>Brionez</b>	
13. COLOR OR RACE <b>Mexican</b>		14. AGE (At time of this birth) <b>21</b> Yrs. <b>15. BIRTHPLACE (City, town or county) (State or foreign country)</b> <b>Scottsbluff, Nebr.</b>	
16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>0</b>		b. How many OTHER children were born alive but are now dead? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <i>Mrs. Benjamin Rodriguez</i> <b>Mother</b>		18. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18a. SIGNATURE <i>J. T. Hanna</i>		19. MOTHER'S MAILING ADDRESS <b>1007 10th Ave., Scottsbluff, Nebr.</b>	
18c. ADDRESS <b>Scottsbluff, Nebr.</b>		20. DATE REC'D BY LOCAL REG <b>APR 24 1956</b>	
21. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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NEBRASKA LIQUOR  
CONTROL COMMISSION

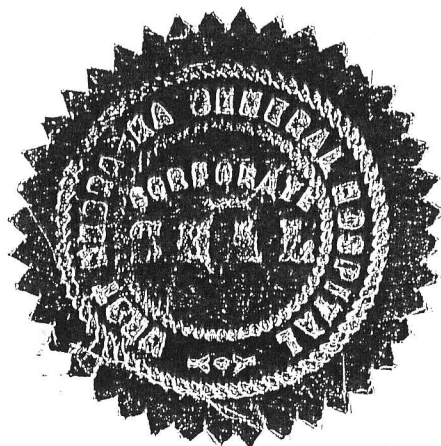
# West Nebraska General Hospital

Scottsbluff, Nebraska

## BIRTH CERTIFICATE

This Certifies that Natalie Rodriguez  
was born to Mr. and Mrs. Benjamin Rodriguez, Jr. in this Hospital  
at 5:55 A.M. on        the        day of        19  

In Witness Whereof the said Hospital has  
caused this Certificate to be signed by its duly  
authorized officer and its Official Seal to be  
hereunto affixed.



J. T. Hanna, M.D.  
Attending Physician

Max C. Coppom  
Superintendent